

MHSA Progress Report Highlights for July-December 2010

Board of Behavioral Sciences (BBS)

Note: Lists of Acronyms and Attachments provided on the last page of this report.

Funding and Human Resource Opportunities for Community Mental Health Organizations

- Worked with OSHPD to provide technical assistance to the federal government about the inability of most California-licensed MFTs and LCSWs to qualify for the NHSC student loan repayment program.
 - The NHSC now permits many more California-licensed LCSWs to qualify, which could result in up to \$35 million in additional funding for California.
- Identified and publicized grants, student loan repayment programs, funding for supervision and other benefits available to community mental health agencies to support workforce in underserved areas.
- Worked with CSU Chico to develop a "Best Practices Guide" to providing supervision via videoconferencing. The guide has been approved for publication and release and is being professionally designed.

Senate Bill 33 – MFT Education

- The number of SB 33 "early adopters" has now increased to 35 MFT programs, most of which are now under review by contracted experts and receiving technical assistance.
- Developed a SB 33 curriculum map planning tool and sample with instructions and distributed it to MFT educators to support MHSA-related principles being incorporated throughout programs.

Senate Bill 788 - Licensed Professional Clinical Counselors

- Assisted with implementation of SB 788, the Licensed Professional Clinical Counselors program, which provides a different path to licensure as a mental health professional.
- Provided technical assistance to schools creating a LPCC program, including those incorporating MHSA-related competencies

Other Activities

- Invited a public mental health employer and consumer to present at the November 2010 Board meeting (Rita Downs, Director of Calaveras County Behavioral Health and Laurie Sundholm, Older Adult Community Services Liaison and Consumer).

Board of Behavioral Sciences

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Department Board of Behavioral Sciences (BBS)

1. Please list all the goals/objectives/activities/deliverables for this reporting period as listed in the MOU work plan and provide an update.

GOAL 1 - REVIEW AND REVISE EDUCATIONAL REQUIREMENTS IN THE EDUCATION OF THE MENTAL HEALTH PROFESSIONALS LICENSED BY THE BOARD, WITH PARTICULAR EMPHASIS ON MARRIAGE AND FAMILY THERAPISTS (MFTS) AND LICENSED CLINICAL SOCIAL WORKERS (LCSWS).					
GOAL 2 - REVIEW AND POSSIBLY REVISE EXAMINATION REQUIREMENTS TO BECOME LICENSED AS AN MFT, LCSW AND LICENSED EDUCATIONAL PSYCHOLOGIST (LEP).					
Objective 1: Promote Recovery/Wellness through independence, hope, personal development, and resiliency in the educational programs preparing the mental health professionals licensed by the Board.					
Major activities/deliverables:	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
1. Revise educational requirements for licensure as a MFT to include competencies required to work in community public mental health settings <i>NOTE: These competencies were also included in legislation that established the LPCC profession, including educational requirements</i>	2009-12	<ul style="list-style-type: none"> Senate Bill 33 takes effect August 1, 2012. SB 33 infuses the culture and norms of public mental health and principles of the MHSA throughout MFT curriculum. Early adoption of new content permitted and supported (currently 35 school programs, see Attachment A). SB 788 does the same for LPCC education programs. Supported educators with curriculum design and implementation by providing technical assistance to schools. 	None	The legislation was developed with input from public mental health employers, consumers, family members and others and was designed to support competencies needed in the public mental health workforce.	<ul style="list-style-type: none"> Continue to provide technical assistance to schools including sample course syllabi and learning objectives. Continue to review programs that submit a proposed 2012-compliant curriculum. Provide additional guidance to LPCC programs on the 2012 requirements including a visual curriculum chart and curriculum planning map.
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<p>CONTINUED</p> <p>1. Revise educational requirements for licensure as a MFT to include competencies required to work in community public mental health settings</p> <p><i>NOTE: These competencies were also included in legislation that established the LPCC profession, including educational requirements</i></p>		<ul style="list-style-type: none"> Developed a SB 33 curriculum map planning tool and sample with instructions, distributed it to MFT educators (see Attachments B&C). Set up a school program review process, including contracting with experts to review 2012 compliance documentation submitted by MFT and LPCC schools. Invited a public mental health employer and consumer to present at the November 2010 Board meeting to discuss how the MHSA and related competencies are important (Rita Downs, Director of Calaveras County Behavioral Health and Laurie Sundholm, Older Adult Community Services Liaison and Consumer). 			

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<p>2. Identify external resources for “early adopters” of the new SB 33 MFT curriculum</p> <p><i>NOTE: The LPCC legislation also permits early adoption of the public mental health and MHSA-related competencies</i></p>	2009-12	<ul style="list-style-type: none"> Identified and publicized external resources available to MFT and LPCC educators for training and technical assistance. Worked with OSHPD to provide technical assistance to the federal government about the inability of most California-licensed MFTs and LCSWs to qualify for NHSC LRP. The NHSC changed their guidance bulletin to permit California-licensed LCSWs to qualify, which could result in up to \$35 million in additional funding for California. Disseminated information to potential LCSW NHSC applicants. Identified and publicized other external funding resources available to MFT and LPCC schools such as grants. 	Most California-licensed MFTs continue to be unable to qualify for the NHSC-LRP. This is critical with the increased demand for providers in community mental health with mental health parity and health care reform.	<ul style="list-style-type: none"> Linking schools with consumers and family member groups to support implementation of the requirement that schools provide students with opportunities to meet with consumers and family members to enhance understanding of their experience of mental illness, treatment and recovery. The Board has collaborated with the professions’ associations to educate them on the NHSC issues. 	<ul style="list-style-type: none"> Provide additional assistance to MFT and LPCC educators by continuing to identify external resources for technical assistance, funding, and connecting with consumers and family members. Continue to work on the issue of California-licensed MFTs’ ability to qualify for the NHSC LRP. BBS has been asked to get back in touch with the NHSC in June 2011 to work on the issue.

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3. Revise educational requirements for licensure as a Clinical Social Worker (LCSW) to include competencies required to work in community public mental health settings	2009-11	<ul style="list-style-type: none"> The LCSW Education Committee met five times during 2008 and 2009. During the reporting period, staff continued to gather information by attending CalSWEC meetings and workshops and reviewing social work mental health curriculum implementation data. 	As a result of its research into LCSW education and stakeholder input, the committee explored licensing social work managers as another path to licensure but made no formal recommendations.	This committee has involved consumers, family members as well as employers in the public mental health system.	The Board intends to continue to explore this subject through its Licensing and Examination Committee in 2011.
4. Revise supervised experience requirements for MFTs and LCSWs to help address workforce issues <i>NOTE: BBS is also working to address similar LPCC workforce issues</i>	2009-10	<ul style="list-style-type: none"> Senate Bills 33 and 821 took effect January 1, 2010 and made a number of changes pertaining to experience gained by MFT Interns and ASWs including permitting supervision of Interns via videoconferencing. Senate Bill 1489 took effect January 1, 2011 and made several changes pertaining to experience gained by LPCC Interns for consistency with similar professions including permitting supervision via videoconferencing. Worked with CSU Chico to develop a "Best Practices Guide" to providing supervision via videoconferencing. The guide has been approved for publication and release and is being professionally designed. See Attachment D. 	None	<ul style="list-style-type: none"> The legislation, particularly the use of videoconferencing for supervision, was intended to assist with supervisory workforce issues in local mental health systems. The Board requested public input on the Best Practices Guide, which was received from stakeholders including representatives from professional associations and public mental health employers. 	BBS expects to release the professionally formatted/designed Best Practices Guide to providing supervision via videoconferencing in early 2011.

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Objective 2: Work with stakeholders and others to review and possibly revise the ethics codes for MFTs, LCSWs, and LEPs to reflect differences when working in a recovery-oriented practice environment.					
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1. Review ethics codes or interpretations of ethics codes to more closely align with MHSA principles and practices	Late 2011	The Board will begin this work after an LPCC board member has been appointed. This will allow the LPCC profession's ethics code to also be addressed.	None	This committee will involve community mental health employers and trainers knowledgeable about MHSA principles.	The Board hopes that the Governor will appoint a LPCC Board member by late 2011.
Objective 3: Educate Board members and staff about public mental health service delivery.					
Major activities/deliverables:	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
1. Visit community mental health and related sites in conjunction with Board meetings	Ongoing	<ul style="list-style-type: none"> The Board was unable to visit any sites during the reporting period due to very full meeting agendas resulting from LPCC program implementation, restrictions on travel and other impacts. Invited a public mental health employer and consumer to present at the November 2010 Board meeting (Rita Downs, Director of Calaveras County Behavioral Health and Laurie Sundholm, Older Adult Community Services Liaison and Consumer). 	None	Visits to and presentations from community mental health sites are coordinated with these partners.	BBS will be visiting Mental Health Systems, Inc., a nonprofit agency in San Diego on February 24, 2011.

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Objective 4: Increase consumer and family member participation in the Board's activities.					
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1. Assist schools to bring in consumers and family members to help educate students about their perspectives	Ongoing	<ul style="list-style-type: none"> • SB 33 mandates that MFT schools provide opportunities for students to meet with consumers and family members beginning in 2012. SB 788 requires the same for LPCC programs. • Provided MFT educators with training in this area in prior reporting periods. During the current reporting period, technical assistance was provided to both MFT and LPCC programs. • Staff continued to gather information about how schools can best make this happen. 	None	Training was provided to MFT educators by Chad Costello of Mental Health America, Marianne Baptista from CASRA, public mental health employers, consumers and family members.	BBS is working to identify consumer and family member groups and websites that may be helpful to MFT and LPCC educators and will provide links to those organizations.
2. Involve public mental health consumers and family members in the Board's committee work	Ongoing	Both the MFT and LCSW education committees involved consumers and family members to elicit their perspectives on the education of practitioners.	None	The Board encourages all stakeholders, including public mental health consumers and family members to attend its public meetings.	The Ethics Review Committee will involve consumers, family members and public mental health employers.

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Objective 5: Implement strategies to address demographic disparities between providers of mental health services and consumers.

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1. Explore strategies that would assist underrepresented groups on a path toward licensure and supports service in a community mental health setting in a Mental Health Professional Shortage Area as designated by HRSA.	2012	<ul style="list-style-type: none"> Identified and publicized student loan repayment programs including NHSC, FLRP and SLRP, stipends, the Cal-SEARCH program, grants and other funding sources to assist underrepresented groups to pursue education required for licensure, or encourages serving in a community mental health setting that serves diverse clients. Collaborated with OSHPD to allow California-licensed LCSWs to become eligible for the 50% federally funded FLRP. See Objective 1, Activity 2 for more information about progress on the 100% federally funded NHSC LRP. Assisted with implementation of SB 788, the Licensed Professional Clinical Counselors program, which provides a different path to licensure as a mental health professional. 	None	Funding programs support the community mental health workforce in various ways. For example, Cal-SEARCH provides funded training opportunities for health professions students/residents statewide	<ul style="list-style-type: none"> The board has appointed a Licensing and Examination Committee that will continue to explore strategies that support the community mental health workforce. Provided information to DCA about the Military Spouse Career Advancement funding program which provides up to \$6,000 for education and licensure costs and requested DCA participation.

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Objective 6: Review and possibly revise examination requirements to become licensed as a MFT, LCSW or LEP.					
Major activities/deliverables:	Due Date	Status on achieving objective, activities and deliverables (insert links)	Identify outstanding policy and program issues	Identify activities being coordinated with the local mental health system and other partners	Upcoming events/opportunities/resources anticipated during the next six months
1. Contract with an examination expert to conduct a holistic review of the Board's examination program	Ongoing	<ul style="list-style-type: none"> Contracted with Applied Measurement Services (AMS), who completed an evaluation of MHSA-related competencies and an evaluation of the extent to which such competencies are measured in the examinations. Purchased textbooks containing content on MHSA-related competencies for use in the Board's examination development programs. 	A review of the report regarding MHSA competencies in BBS examinations and determination of next steps is expected in late 2011.	Stakeholders, including public mental health employers and employees, were asked to submit feedback about the board's examinations. The resulting feedback was addressed during the committee meetings.	A review of the report regarding MHSA competencies in BBS examinations and determination of next steps is expected in late 2011.
2. Hold a series of examination review meetings with stakeholders	2009-11	Five meetings were held in 2009 , and the committee submitted its recommendations to the Board in January 2010. The Board has been refining the proposal, which would modify the examination program structure in a number of ways.	The final proposal must be approved by the Board members and legislation then pursued.	Community mental health employers participated in the committee meetings and provided input.	It is anticipated that the Board will sponsor legislation later this year based on the proposal.

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3. Monitor implementation of Federal legislation and regulations that could benefit California's public mental health workforce through grants and other benefits	Ongoing	Identified and publicized grants and other benefits available to community mental health resulting from the Health Care and Education Reconciliation Act (originally HR 4872) Public Law (PL) 111-152, which was part of the health care reform package.	None	The purpose of this activity is to support local mental health systems and associated workforce.	The Board will continue to identify and publicize federally-funded grants and other programs.

Attachments (available in links provided on DMH State Interagency Partners [Website](#)):

- A. Updated List of Early Adopters - SB 33 MFT Curriculum (December 2010)
- B. Curriculum Map – Planning tool for SB 33 programs
- C. Sample Curriculum Map and Instructions
- D. Guide - Best Practices to Providing Supervision via Videoconferencing

Acronyms used in this Report:

ASW - Associate Clinical Social Worker
 Cal-SEARCH - California Student/Resident Experiences and Rotations in Community Health
 CalSWEC – California Social Work Education Center
 CASRA – California Association of Social Rehabilitation Agencies
 DCA – Department of Consumer Affairs
 FLRP – Federal Loan Repayment Program
 HRSA – Health Resources and Services Administration
 LCSW – Licensed Clinical Social Worker
 LPCC – Licensed Professional Clinical Counselor
 MFT – Marriage and Family Therapist
 NHSC – National Health Service Corps
 OSHPD – Office of Statewide Health Planning and Development
 SLRP – State Loan Repayment Program